

**APPLICATION FOR CERTIFICATE OF
AUTHORIZATION TO PROVIDE
POSTSECONDARY EDUCATION**

SDCL 13-48

RECEIVED
MAR 04 2019
S.D. SEC. OF STATE

FILING FEE: \$500

FILING FEES ARE NONREFUNDABLE AND NOT PRO-RATED

Make Check Payable to SECRETARY OF STATE

1. Name of Applicant (the institutional name under which postsecondary educational programs are provided):

The Continents State University

2. Applicant's Main Address (Additional sites listed on Attachment A):

<u>1985 Henderson Road, Suite 121</u>	<u>Columbus</u>	<u>OH</u>	<u>43220</u>
Actual Street Address	City	State	ZIP+4

<u>Mailing Address, if Different from Street Address</u>	<u>City</u>	<u>State</u>	<u>ZIP+4</u>
<u>https://www.continents.us/</u>			
Website			

3. Contact Person: Dr. Ricky Madison President

<u>Name</u>	<u>Title</u>
<u>(614) 769-7478</u>	<u>(614) 358-7223</u>
Telephone Number	Fax Number
<u>custserv@continents.us</u>	
Email Address	

4. Applicant's PHYSICAL South Dakota Address:

<u>401 E. 8th St, Suite 214</u>	<u>Sioux Falls</u>	<u>SD</u>	<u>57103</u>
Actual Street Address	City	State	ZIP+4
<u>1985 Henderson Road, Suite 121</u>	<u>Columbus</u>	<u>OH</u>	<u>43220</u>
Mailing Address, if Different from Street Address	City	State	ZIP+4

5. Does the Applicant operate at sites other than the addresses stated above? ☐ YES ☒ NO

If "YES", please be advised that Attachment A to this application must be completed, which shall comprise part of this application, and any subsequent changes to the information provided in Attachment A must be submitted with an amendment application to the Secretary of State Office, within thirty (30) days of such change.

6. Does the Applicant have a parent organization (non-profit, corporate, or otherwise)? ☒ YES ☐ NO

If "YES", please indicate the following:

The Continents Foundation

<u>Parent Organization Name</u>			
<u>1985 Henderson Road, Suite 121</u>	<u>Columbus</u>	<u>Ohio</u>	<u>43220</u>
Street Address	City	State	ZIP+4

7. Is the Applicant an instrumentality of the State of South Dakota under the jurisdiction of the South Dakota Board of Regents?

☐ YES ☒ NO

If "NO", please indicate whether the Applicant is either (check one of the following):

- ☒ An instrumentality of another state (please list the state agency which has jurisdiction over Applicant)

Ohio	Ohio Secretary of State		
State	Agency		
180 E Broad St	Columbus	Ohio	43215
Street Address	City	State	ZIP+4
(614) 466-2655			
Contact Phone Number	Fax Number		

- ☐ Legally established to operate in South Dakota as a business entity

South Dakota Business ID

South Dakota Business Name

8. Is the Applicant accredited by an accrediting agency recognized by the United States Department of Education?

☐ YES - Please include a COPY of your Accreditation.

If "YES", please indicate the following:

Accrediting Agency

Street Address City State ZIP+4

Effective date of most recent grant of accreditation: _____

Term or expiration date of most recent accreditation: _____

☒ NO

If "NO", Application submission MUST include documentation of an affiliation agreement whose terms make another postsecondary institution, which is accredited by an accrediting agency recognized by the United States Department of Education, responsible for awarding academic credit and educational credentials to its students and maintaining transcripts for such students:

9. Has the Applicant ever been ordered to cease operations?

☐ YES

If "YES", please indicate the following:

Jurisdiction

Agency that made the order

The date ordered to cease operations: _____

Dates the cease operation was in effect: _____

Is the cease operations order still in effect?

☐

YES

☐

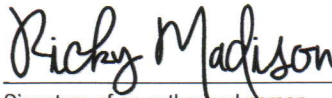
NO

☒ NO

The undersigned acknowledges that Applicant is required to notify the Secretary of State Office within thirty (30) days of a change in information set forth in this Application, including any changes in information set forth in any Attachments or other accompanying information. The undersigned has executed the foregoing document and, under penalties of perjury, certifies that the information provided herein, and in support thereof, is true and correct.

The application must be signed by an authorized officer of the postsecondary educational institution. No person may execute this report knowing it is false in any material respect. Any violation may be subject to a criminal penalty (SDCL 22-39-36).

Dated 02/26/2019



Signature of an authorized person

Ricky Madison

Printed name

President

Title

Submit Application to:
South Dakota Secretary of State
500 East Capitol, Suite 204
Pierre, SD 57501

Or email us at:

SOS.EDU@state.sd.us

February 25, 2019

Ms. Krista J. Rounds
SD Secretary of State Office
500 E. Capitol Ave. Pierre, SD 57501

RECEIVED
MAR 04 2019
S.D. SEC. OF STATE

RE: Certificate of Authorization

Enclosed you will find our request for new institution in State of South Dakota to certificate of authorization for **The Continents State University**. The University main location in South Dakota and it's a division of The Continents Foundation who granted tax exemption by IRS on August 01 2015 as 501c3 nonprofit charity for higher education headquartered in State of Ohio. The Continents State University seeking authorization and do completely understand the state requirements that each institution must be accredited or affiliated accredited institution.

The Continents State University and the American Institutions of Alternative Medicine are affiliate accredited institutions. Affiliation agreement attached.

The Continents State University currently seeking national accreditation in United States and international accreditation in United Kingdom. However no candidacy granted as of writing this letter and all currently pending.

Per Ohio Attorney General Dave Yost office, The Continents State University do not fall under any of Ohio agencies jurisdictions as postsecondary education institution to receive or exchange mail delivered to corporate headquarter of The Continents Foundation office located at:

1985 Henderson Road, Suite 121
Columbus, Ohio, 43220 USA.

Shall you put our request in consideration? much appreciated!

Please feel free to contact me at (614) 717-3142 or madisonr@continents.us with any questions or if you require additional information.

Sincerely,


Ricky Madison, PharmD, MSc
The Continents State University, President



MEMORANDUM OF UNDERSTANDING

between

The Continents State University

(The United States of America)

and

American Institute of Alternative Medicine

(The United States of America)



June 21, 2018

The Continents State University and the American Institute of Alternative Medicine, wishing to promote co-operation between the two institutions in education and in academic research, agree to explore:

1. Co-operation on academic programs
2. The development of joint research activities
3. Facilitate, university staff exchanges or mutual visits to both institutions
4. Doctoral student training and development when available
5. Student exchange and/or visiting programs
6. The exchange of information, including the results of teaching and research collaboration
7. Transfer SEVP students upon I-20 approval by the USCIS
8. Any other activities viewed to be mutually beneficial

Until such institution obtains its own independent accreditation by one of the US Department of Education accrediting agencies, it must remain a party to a valid and binding agreement with an affiliated institution.

1. The affiliate institution is responsible for awarding credits and degrees.
2. The affiliate institution is responsible for maintaining transcripts.

The terms of co-operation for each specific activity implemented under this Memorandum of Understanding (MOU) shall be mutually discussed and agreed upon in writing by both parties prior to the initiation of that activity and will be the subject of separate agreements.

This MOU becomes effective from the day the representatives of both institutions affix their signatures below and will continue for an initial period of three years, whereupon it shall be reviewed and may be extended by the mutual written agreement of both institutions. This MOU may be revised through the mutual agreement of both institutions and may be terminated by either party upon giving six months' written notice signed by the presiding officer of the notifying party.

Any use of the names 'The Continents State University' or 'American Institute of Alternative Medicine', including any of its constituent schools, departments, programmes or logos, relating in any way to the activities described in this MOU, shall not be subject to prior written approval.

The administration of this MOU will be the responsibility of the Academic Development and Quality of Education Office at The Continents State University and the Academic Department at the American Institute of Alternative Medicine.

In witness to this agreement, the following individuals append their signatures:

For The Continents State University

Ricky Madison, PharmD
President

For American Institute of Alternative Medicine

Ralynn Ernest, EdD
Campus Director